



Saturday Basketball Application

Child's Name _____ Age _____ Date of Birth _____ Male / Female
Circle one

Address _____
Number Street City/State Zip Code

Phone # _____ Email _____

Name of Father _____ Father's daytime phone _____
or Guardian

Name of Mother _____ Mother's daytime phone _____
or Guardian

Please list any medical conditions/allergies the staff should be aware of _____

IN CASE OF EMERGENCY NOTIFY (other than parents):

Name _____ Relationship _____ Phone# _____


Name _____ Relationship _____ Phone# _____

Please list reliable phone numbers for people who can advocate for your child if you are unavailable, or knows how to contact you

Check all the apply

☐ My child will be picked up by parent/guardian

☐ I give permission for my child to walk home

☐ I give permission to the City of Manchester staff to photo or video graph my son/daughter for use in city promotional material and our Facebook page. 

As a parent or guardian of a participant, I am aware of the hazards of this program. I hereby for myself, my heirs, executors, and administrators wave and release all rights and claims against the City of Manchester, its officers, employees, agents, volunteers, and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees arising out of participation in the program. In addition I give my permission for the child to be treated by qualified medical personnel in the event an above name cannot be reached. It is also understood that permission for use of transportation provided for activities in this program. I understand the knowingly providing false information is unlawful and can lead to prosecution for fraud.

PARENT/GUARDIAN SIGNATURE _____ TODAY'S DATE _____